# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1500000845

Entity Name: GALAXY GAMING, INC.

#### **Current Principal Place of Business:**

6767 SPENCER STREET LAS VEGAS, NV 89119

### **Current Mailing Address:**

6767 SPENCER STREET LAS VEGAS, NV 89119 US

## FEI Number: 20-8143439

#### Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US Certificate of Status Desired: No

FILED Mar 23, 2017

Secretary of State

Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

## Officer/Director Detail :

|  | Title           | CHAIRMAN            | Title           | PRESIDENT           |
|--|-----------------|---------------------|-----------------|---------------------|
|  | Name            | SAUCIER, ROBERT     | Name            | SAUCIER, ROBERT     |
|  | Address         | 6767 SPENCER STREET | Address         | 6767 SPENCER STREET |
|  | City-State-Zip: | LAS VEGAS NV 89119  | City-State-Zip: | LAS VEGAS NV 89119  |
|  |                 |                     |                 |                     |
|  | Title           | DIRECTOR            | Title           | DIRECTOR            |
|  | Name            | DESROSIERS, NORM    | Name            | ZENDER, WILLIAM     |
|  | Address         | 6767 SPENCER STREET | Address         | 6767 SPENCER STREET |
|  | City-State-Zip: | LAS VEGAS NV 89119  | City-State-Zip: | LAS VEGAS NV 89119  |
|  |                 |                     |                 |                     |
|  | Title           | DIRECTOR            |                 |                     |
|  | Name            | WATERS, BRIAN       |                 |                     |
|  | Address         | 6767 SPENCER STREET |                 |                     |
|  | City-State-Zip: | LAS VEGAS NV 89119  |                 |                     |
|  |                 |                     |                 |                     |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: ROBERT SAUCIER

PRESIDENT

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date